|      | , a                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
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| 10   | A BE                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     | TRANSMITTAL                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | Complete and tend t                                                                                                                                                                                                                                                                                                                                                                                                                                | th applicable fee(s), to: Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | Mail Stop ISSUI                                                                                     | Mail Stop ISSUE FEE Commissioner for Patents                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | APR 1 4 2006                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     | P.O. Box 1450                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                 | •                     |  |
|      | AL 1                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | or 1                                                                                                | Alexandria, Virg                                                                                                                                                                                                                         | •                                                                                                                                                                                                                                                                                                               |                       |  |
| 18/2 | or Fax (571) 273-2885  INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed a                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | indicated unless corrected                                                                                                                                                                                                                                                                                                                                                                                                                         | or Fax (571) 273-2885  INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed who properties further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated affects and publications of maintenance fees will be mailed to the current correspondence address and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications. |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
| ٠,   |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ,,        | Fee(s) Transmittal. Th                                                                              | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must |                                                                                                                                                                                                                                                                                                                 |                       |  |
| "    | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7590 01/17/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     | have its own certificate of mailing or transmission.                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | SUGHRUE MIO                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                     | Cer                                                                                                                                                                                                                                      | rtificate of Mailing or Tran                                                                                                                                                                                                                                                                                    | smission              |  |
| :    | 2100 Pennsylvania Washington, DC 2                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                     | States Postal Service v                                                                                                                                                                                                                  | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                       |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     | transmitted to the USP                                                                                                                                                                                                                   | TO (571) 273-2885, on the                                                                                                                                                                                                                                                                                       | date indicated below. |  |
| /17  | /2006 CNEGA2 000000                                                                                                                                                                                                                                                                                                                                                                                                                                | 028 10736635                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                                     |                                                                                                                                                                                                                                          | <del></del>                                                                                                                                                                                                                                                                                                     | (Depositor's name)    |  |
|      | 501 1400.00 OP                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 | (Signature)           |  |
| rü   | 1504 300.00 OF                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 | (Date)                |  |
|      | APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                    | FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | FIRST NAME                                                                                          | D INVENTOR                                                                                                                                                                                                                               | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                             | CONFIRMATION NO.      |  |
|      | 10/736,635                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10/736,635 12/17/2003 Satosh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                                     | Okamoto                                                                                                                                                                                                                                  | Q78955                                                                                                                                                                                                                                                                                                          | 4743                  |  |
|      | TITLE OF INVENTION: AROMATIC LIQUID-CRYSTALLINE POLYESTER AND FILM THEREOF                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | APPLN, TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                        | SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ISSUE FEE |                                                                                                     | PUBLICATION FEE                                                                                                                                                                                                                          | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                | DATE DUE              |  |
|      | nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                     | NO NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$1400    | ·                                                                                                   | \$300                                                                                                                                                                                                                                    | \$1700                                                                                                                                                                                                                                                                                                          | 04/17/2006            |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          | y: 700<br>1                                                                                                                                                                                                                                                                                                     | 04/17/2000            |  |
|      | . EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ART UNIT  |                                                                                                     | CLASS-SUBCLASS                                                                                                                                                                                                                           | J                                                                                                                                                                                                                                                                                                               |                       |  |
|      | NUTTER, NATHAN M                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1711      |                                                                                                     | 428-423400                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | <ol> <li>Change of correspondence address or indication of "Fee Address" (<br/>CFR 1.363).</li> </ol>                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | Change of correspond Address form PTO/SB/1                                                                                                                                                                                                                                                                                                                                                                                                         | Correspondence or agents OR, alto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | OR, alternatively,                                                                                  | cmatively,                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | ☐ "Fee Address" indica                                                                                                                                                                                                                                                                                                                                                                                                                             | ion form registered attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | attorney or agent) and the nam                                                                      | single firm (having as a member a sy or agent) and the names of up to SUGHRUE MION, PLLC                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Consumber is required.                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed.    |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | (A) NAME OF ASSIGN                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                           |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | . •                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | Sumitomo Chemical Company, Limited Osaka, JAPAN                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖟 Corporation or other private group entity 🗀 Government                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | 4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
| 2    | Publication Fee (No small entity discount permitted)  A check is attached                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     | attached for the NOA F                                                                                                                                                                                                                   | ees payment. Please                                                                                                                                                                                                                                                                                             |                       |  |
| Ť    | Advance Order - # o                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ch        | parge any payment deficiency and credit overpayment to                                              |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
| •    | PODA 19-4880. A duplicate copy of this form is attached. y of this form).                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
| C.   | 6. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in nterest as shown by the records of the United States Patent and Trademark Office. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | Authorized Signature John Callaha                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | Date 4/14/05                                                                                        |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |
|      | Typed or printed name John T. Callahan                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     | , Registration                                                                                                                                                                                                                           | No. 28, 703                                                                                                                                                                                                                                                                                                     |                       |  |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 |                       |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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